MARICOPA COUNTY AIR QUALITY DEPARTMENT

INITIAL NOTIFICATION / NOTIFICATION OF COMPLIANCE STATUS
National Emission Standards for Hazardous Air Pollutants (NESHAP)
Area Source Standards for Nine Metal Fabrication and Finishing Source Categories
40 CFR Part 63 Subpart XXXXXX: 40 CFR 63.11514 – 63.11523

Each owner or operator of a metal fabrication and finishing area source facility is required to submit an Initial Notification/Notification of Compliance Status no later than 120 calendar days after becoming subject to this subpart. The notification may be mailed to agency listed below or e-mailed to AQPermits@mail.maricopa.gov

- Maricopa County Air Quality Department – Attention: Permitting Division Manager
  1001 N. Central Ave. Suite 400. Phoenix, AZ 85004

1. **Company Information**

   Company Name: _____

   Permit Number: _____

   Mailing Address: _____
   Street City State Zip

   Telephone Number: _____ Fax Number: _____

   E-mail Address: _____

2. **Owner/Operator Information**

   Name and Title: _____

   Please check whether the person listed above is owner or operator of the facility:

   ☐Owner ☐Operator

   Mailing Address: _____
   Street City State Zip

   Telephone Number: _____ Fax Number: _____

   E-mail Address: _____

3. **Facility Location Information** (If different from Company Information)

   Company Name: _____

   Permit Number: _____

   Mailing Address: _____
   Street City State Zip

   Are the compliance records located at the same location? Yes ☐ No ☐

   If the location of compliance records is different please provide street address:

   _____
   Street City State Zip

4. **Identification of Affected Operations**

a. The following are the operations at this facility subject[b] to Subpart XXXXXX (check all that apply):

i.	**Dry Abrasive Blasting**	
	(1) Totally enclosed and unvented blast chambers	☐
	(2) Vented enclosures with a filtration control device	☐
	(3) Objects over 8 feet in any dimension without a filtration control device (includes outdoor blasting of objects over 8 ft in any dimension)	☐
ii.	**Dry Machining**	☐
iii.	**Dry Grinding or Dry Polishing with Stationary Machines**	☐
iv.	**Spray Painting**	
	(1) In a spray booth	☐
	(2) Without a spray booth (for Fabricated Structural Metal facilities or any objects over 15 feet)	☐
v.	**Welding**	
	(1) Use less than 2,000 pounds of MFHAP-containing[b] welding rod or wire annually	☐
	(2) Use 2,000 pounds or more of MFHAP-containing[b] welding rod or welding wire annually	☐

[b] ***Important Note:*** *These operations are affected sources under subpart XXXXXX* ***only if/when*** *they use materials that contain or have the potential to emit metal fabrication or finishing metal HAP (MFHAP).* ***MFHAP containing/potential*** *is defined to be when the compounds of cadmium, chromium, lead, manganese, and nickel, or any of these metals in the elemental form with the exception of lead, are used or have the potential to be emitted in quantities of 0.1 percent or more, or 1.0 percent or more for elemental of compounds of manganese.*

b. The following table lists each **dry abrasive blasting operation** at this facility subject to Subpart XXXXXX, noted previously in item 4.a.i.:

Abrasive Blasting Process Description / ID No.	HAP Emitted or Used[b] (Cd, Cr, Pb, Mn, Ni)	Compliance Method (Check all that apply)
		☐ Totally enclosed, unvented ☐ Vented, with control device; describe ____________________ ☐ Objects over 8 ft (with no control) ☐ Management practices
		☐ Totally enclosed, unvented ☐ Vented, with control device; describe ____________________ ☐ Objects over 8 ft (with no control) ☐ Management practices
		☐ Totally enclosed, unvented ☐ Vented, with control device; describe ____________________ ☐ Objects over 8 ft (with no control) ☐ Management practices
		☐ Totally enclosed, unvented ☐ Vented, with control device; describe ____________________ ☐ Objects over 8 ft (with no control) ☐ Management practices
		☐ Totally enclosed, unvented ☐ Vented, with control device; describe ____________________ ☐ Objects over 8 ft (with no control) ☐ Management practices
		☐ Totally enclosed, unvented ☐ Vented, with control device; describe ____________________ ☐ Objects over 8 ft (with no control) ☐ Management practices
		☐ Totally enclosed, unvented ☐ Vented, with control device; describe ____________________ ☐ Objects over 8 ft (with no control) ☐ Management practices
		☐ Totally enclosed, unvented ☐ Vented, with control device; describe ____________________ ☐ Objects over 8 ft (with no control) ☐ Management practices
		☐ Totally enclosed, unvented ☐ Vented, with control device; describe ____________________ ☐ Objects over 8 ft (with no control) ☐ Management practices
		☐ Totally enclosed, unvented ☐ Vented, with control device; describe ____________________ ☐ Objects over 8 ft (with no control) ☐ Management practices

c. The following table lists each **dry machining, dry grinding, or dry polishing operation** subject to Subpart XXXXXX, noted previously in item 4aii and 4.a.iii:

Dry Machining, Dry Grinding, or Dry Polishing Process Description / ID No.	**HAP Emitted or Used[b] (Cd, Cr, Pb, Mn, Ni)**	**Compliance Method (Check all that apply)**
		☐ Control device; describe_____ ☐ Management practices
		☐ Control device; describe_____ ☐ Management practices
		☐ Control device; describe_____ ☐ Management practices
		☐ Control device; describe_____ ☐ Management practices
		☐ Control device; describe_____ ☐ Management practices
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		☐ Control device; describe_____ ☐ Management practices
		☐ Control device; describe_____ ☐ Management practices
		☐ Control device; describe_____ ☐ Management practices
		☐ Control device; describe_____ ☐ Management practices
		☐ Control device; describe_____ ☐ Management practices

d. The following table lists each **spray painting operation** subject to Subpart XXXXXX, noted previously in item 4.aiv.:

Spray Painting Process Description / ID No.	HAP Emitted or Used[b] (Cd, Cr, Pb, Mn, Ni)	Compliance Methods Employed (Check all that apply)
		☐ Spray booth, PM filter, HVLP spray guns ☐ HVLP spray guns, only ☐ Management practices
		☐ Spray booth, PM filter, HVLP spray guns ☐ HVLP spray guns, only ☐ Management practices
		☐ Spray booth, PM filter, HVLP spray guns ☐ HVLP spray guns, only ☐ Management practices
		☐ Spray booth, PM filter, HVLP spray guns ☐ HVLP spray guns, only ☐ Management practices
		☐ Spray booth, PM filter, HVLP spray guns ☐ HVLP spray guns, only ☐ Management practices
		☐ Spray booth, PM filter, HVLP spray guns ☐ HVLP spray guns, only ☐ Management practices
		☐ Spray booth, PM filter, HVLP spray guns ☐ HVLP spray guns, only ☐ Management practices
		☐ Spray booth, PM filter, HVLP spray guns ☐ HVLP spray guns, only ☐ Management practices
		☐ Spray booth, PM filter, HVLP spray guns ☐ HVLP spray guns, only ☐ Management practices
		☐ Spray booth, PM filter, HVLP spray guns ☐ HVLP spray guns, only ☐ Management practices
		☐ Spray booth, PM filter, HVLP spray guns ☐ HVLP spray guns, only ☐ Management practices
		☐ Spray booth, PM filter, HVLP spray guns ☐ HVLP spray guns, only ☐ Management practices
		☐ Spray booth, PM filter, HVLP spray guns ☐ HVLP spray guns, only ☐ Management practices
		☐ Spray booth, PM filter, HVLP spray guns ☐ HVLP spray guns, only ☐ Management practices
		☐ Spray booth, PM filter, HVLP spray guns ☐ HVLP spray guns, only ☐ Management practices

e. The following table lists each **welding operation** subject to subpart XXXXXX, noted previously in item 4.a.v.:

Welding Process Description / ID No.	**HAP Emitted or Used[b] (Cd, Cr, Pb, Mn, Ni)**	**Compliance Methods Employed (Check all that apply)**
		☐ Management practices ☐ Fume capture device; describe ____________________
		☐ Management practices ☐ Fume capture device; describe ____________________
		☐ Management practices ☐ Fume capture device; describe ____________________
		☐ Management practices ☐ Fume capture device; describe ____________________
		☐ Management practices ☐ Fume capture device; describe ____________________
		☐ Management practices ☐ Fume capture device; describe ____________________
		☐ Management practices ☐ Fume capture device; describe ____________________
		☐ Management practices ☐ Fume capture device; describe ____________________
		☐ Management practices ☐ Fume capture device; describe ____________________
		☐ Management practices ☐ Fume capture device; describe ____________________
		☐ Management practices ☐ Fume capture device; describe ____________________
		☐ Management practices ☐ Fume capture device; describe ____________________
		☐ Management practices ☐ Fume capture device; describe ____________________
		☐ Management practices ☐ Fume capture device; describe ____________________
		☐ Management practices ☐ Fume capture device; describe ____________________

f. The following applicable management practices are used at this facility, as practicable (check all that apply):

Dry Abrasive Blasting

☐ Minimize dust generation during emptying of abrasive blasting enclosure to reduce MFHAP emissions, as practicable.

☐ Operate all equipment associated with dry abrasive blasting operations according to the manufacturer's instructions.

☐ Minimize excess dust in the surrounding area to reduce MFHAP emissions, as practicable.

☐ Enclose dusty abrasive storage areas and holding bins, seal chutes and conveyors that transport abrasive materials.

☐ Minimize excess dust in the surrounding area to reduce MFHAP emissions, as practicable

☐ Do not re-use dry abrasive blasting media unless contaminants (i.e., any material other than the base metal, such as paint residue) have been removed by filtration or screening, and the abrasive material conforms to its original size.

☐ When practicable, switch from high particulate matter (PM)-emitting blast media (e.g., sand) to low PM-emitting blast media (e.g., crushed glass, specular hematite, steel shot, aluminum oxide).

Dry Machining, Dry Grinding, Dry Polishing

☐ Minimize excess dust in the surrounding area to reduce MFHAP emissions, as practicable

☐ Operate equipment according to manufacturer's instructions.

Spray Painting

☐ Proper cleaning and storage of spray guns, if applicable.

☐ Training for employees using HVLP spray equipment, with certification as having completed classroom or hands-on training in the proper selection, mixing, and application of coatings, with refresher training repeated at least once every 5 years.

Welding

☐ Operate equipment according to manufacturer's instructions.

☐ Use welding processes with reduced fume generation capabilities, if practicable. (e.g., gas metal arc welding (GMAW)—also called metal inert gas welding (MIG))

☐ Use welding process variations (e.g., pulsed current GMAW), which can reduce fume generation rates, if practicable.

☐ Use welding filler metals, shielding gases, carrier gases, or other process materials which are capable of reduced welding fume generation, if practicable.

☐ Optimize welding process variables (e.g., electrode diameter, voltage, amperage, welding angle, shield gas flow rate, travel speed) to reduce the amount of welding fume generated, if practicable.

☐ Use a welding fume capture and control system, operated according to the manufacturer’s specifications, if practicable.

5. **Certification of Compliance Status (please check one)**

Compliance Date: ☐ Existing source: July 25, 2011 ☐ New source: _____
(Date of startup)

☐ Yes, the referenced facility is operating in compliance with all of the relevant standards and other requirements of 40 CFR Part 63 subpart XXXXXX, National Emission Standards for Hazardous Air Pollutants: Area Source Standards for Nine Metal Fabrication and Finishing Source Categories

☐ No, the referenced facility is not operating in compliance with all of the relevant standards and other requirements of 40 CFR Part 63 subpart XXXXXX, National Emission Standards for Hazardous Air Pollutants: Area Source Standards for Area Source Standards for Nine Metal Fabrication and Finishing Source Categories

Reason for noncompliance:

_____

_____

I certify the truth, accuracy and completeness of this notification.

Certifying Official: (check one) ☐ Owner ☐ Operator

_____
Name of Certifying Official (print or type) Title

_____
Signature of Certifying Official Date